Assignment 1

Patient-centered care has always been on the top of my agenda and forms the foundation of my practices. Having worked in public hospitals where the outpatient service resembles an assembly line, in which patients come and go and doctors only have absolutely the minimum interaction with the patient regarding collective decision-making, I definitely feel the importance of patient-centered care and the leaning towards a social-medical model as opposed to the sole medical model.

However, this one case, which corresponds to the first non-supportive argument raised in the reading (i.e., patient's preference), made me rethink my proclivity of applying patient-centered care across the board. It was two years ago, and this client having anxiety was referred to me by a physician who did not have the speciality to treat mental disorders. From the start, I constantly tried to elicit his own feelings and thoughts and encourage him to participate in the decision-making process, including his prescription and treatment process. "I mean, do you want to take Xanax at all? It is your call, but from my experience, short-term use would curb your symptoms and not get you dependent" and "maybe it's time for you to tell me how you are really feeling, and we can go from there", "I'm expecting a little more from you because it is your mind and body", and so on. I used every tactic and hedging tone to encourage participation. Meanwhile, I was so immersed in my mindset, which was I had to refrain from doing what those doctors at the large hospitals are doing: using as little time as possible to fill out prescriptions and just get this patient out of the door as soon as possible.

However, my patient-centered practice backfired. About one month into my relationship with this client, he stopped answering my call. I was confused and a little bit on the verge of anxiety myself to be honest. I called the physician who referred him to me and asked what was going on. It turned out that this client complained that having to put up with my constant encouragement and invitation for participation stressed him. He just wanted to get his prescription and get out of the office. He trusted fully in whoever was in charge of his case and did not want to put any efforts in knowing the name of the medication he was supposed to take and making decision for himself alongside the doctor.

That was the case which made me really question about patient-centered care and about whether it is an ideal solution to certain scenarios while being totally ineffective or ill-fitting in other scenarios. Surely, we have to be patient, compassionate, and caring to the patient, but some patients simply want to get things over with quickly and give their full trust in the doctors. Making decisions may also be a distressing thing and confusing to patients who do not have the wherewithal to do so in an informed fashion.

Assignment 2

Patient # 1

Sex / Age

Female, 70 years of age

Occupation

Retired Cashier

Social habits

Reading books, gardening, regular contact with friends and family members, no consumption of alcohol or tobacco

Past medical health

A diagnosis of Type 2 Diabetes about 20 years ago; Hypertension diagnosed at the age of 60.

Family history

Diabetes run in mother's side of family

The single person as the main link with the patient (e.g. care taker, informant)

Husband

Genogram

70 years old patient, 75 years old husband, 45 years old daughter, no other relatives

Chronic problems

Type 2 diabetes and hypertension

Chronic medication

Diuretics, Metformin

Patient's belief of his/her health and illness

Has a strong belief in managing her condition

Present health status (e.g. control of the chronic illness)

Blood pressure is effectively controlled within the normal range while blood sugar levels tend to fluctuate due to her consumption of sugary drinks and foods

On-going care plan and management goal

Continuing medication, reduction of HbA1c levels, management of blood pressure levels.

Tailored education in self-management

Dietary restriction for Type 2 Diabetes. Self-monitoring of blood sugar and blood pressure. Knowledge on proportion of macro- and micro-nutrients.

Personal barriers and support
Has a hard time strictly controlling the diet and keeping track of her medication schedule due to her memory decline, but her husband helps her to manage the condition and uses digital devices to do so.

Patient # 2
Sex / Age
Female, 45 years old

Occupation
Office Assistant

Social habits
No alcohol or tobacco consumption, regular yoga classes, hiking with friends

Past medical health
Rheumatoid Arthritis diagnosed half a year ago

Family history
Absence of similar autoimmune disorder on either side of the family

The single person as the main link with the patient (e.g. care taker, informant)
Brother

Genogram
45 years old patient and a 50 years old brother

Chronic problems
Rheumatoid arthritis

Chronic medication
Etanercept (Enbrel), NSAIDs

Patient's belief of his/her health and illness
She does not believe that her condition can be cured but do think that it can be managed to a certain extent.

Present health status (e.g. control of the chronic illness)
The symptoms fluctuate, especially with changes in humidity and weather. However, the condition is generally manageable and does not pose great hindrances to the normal functioning of life.

On-going care plan and management goal
Minimizing joint damages while maintaining muscular strength and mobility through exercise. Aiming for remission.

Tailored education in self-management
Education on joint protection measures, pain management strategies, and the mechanisms behind the mediation.

Personal barriers and support
Difficulty adhering to the medication schedules because of work. Sister supports her emotionally and accompanies her to alternative medicine sessions including acupuncture.

Patient # 3
Sex / Age
Male, 68 years old

Occupation
Retired trucker

Social habits
Drinking alone and with friends, an average of 200ml of 40% alcohol drink per day. Smoking one pack of cigarettes a day. Sedentary lifestyle

Past medical health
COPD diagnosed at the age of 60. Showing signs of hypertension.

Family history
Lung cancer runs in the father side of the family

The single person as the main link with the patient (e.g. care taker, informant)
A community social worker working his case

Genogram
Patient is 60 years old with no other direct or extended family members

Chronic problems
COPD

Chronic medication
Albuterol, tiotropium

Patient's belief of his/her health and illness

Patient does not care about his condition despite the warning from his doctor and continues smoking a pack of cigarettes and drinking every day.

Present health status (e.g. control of the chronic illness)
Signs of exacerbation of his COPD

On-going care plan and management goal
Intermittent oxygen therapy, continuing medication, smoking reduction or cessation through means of nicotine patch and cognitive behavioral therapy.

Tailored education in self-management
Educational workshops on the detriments of smoking and drinking

Personal barriers and support
Indifference to his health condition. Strong physical dependence on alcohol and tobacco. Support from his social worker is the only thing that keeps him smoke a little less and drink a little less.

Patient # 4
Sex / Age
Male, 25 years old

Occupation
Research assistant

Social habits
Regular exercise, reading, a regimented life, no smoking and occasional alcohol drinking

Past medical health
Diagnosed with schizophrenia at the age of 21

Family history
Depression runs on his father's side of the family

The single person as the main link with the patient (e.g. care taker, informant)
His 58 years old mother

Genogram
25 years old patient, 58 years old mother, 60 years old father

Chronic problems
Repeated crack-ups, that is, the coming back of his schizophrenic symptoms, including auditory hallucination, delusion, paranoia, and depersonalization

Chronic medication
Clozapine, benzodiazipine, regular outpatient visit and counseling

Patient's belief of his/her health and illness
Patient does not believe at all that his condition will turn to a positive direction, bring cured or alleviated. On top of which he also complains the side effects of medication.

Present health status (e.g. control of the chronic illness)
The schizophrenia is under control but with less severe crack-ups occurring every now and then. Overall, the condition is in remission.

On-going care plan and management goal
Continuing medication. Given the severe side effects, considerations are made regarding switching oral intake of medication to injection per month in order to reduce the side effects. Continuing outpatient visits and counseling.

Tailored education in self-management
Workshops for schizophrenia management. Life skills aimed at bettering the mind and body.

Personal barriers and support
Disbelief in remission. Support from his both parents financially and emotionally.

Patient # 5
Sex / Age
Male, 55 years old

Occupation
Retired athlete

Social habits
Sedentary lifestyle, overconsumption of fast food, smoking a pack of cigarettes daily

Past medical health
Diagnosed with torn ACL at the age of 40 and since have retired. Diagnosed with osteoarthritis at the age of 50

Family history
No major health conditions run in the family

The single person as the main link with the patient (e.g. care taker, informant)
His 28 years old daughter

Genogram
55 years old patient, 28 years old daughter

Chronic problems
Torn ACL-caused osteoarthritis

Chronic medication
Acetaminophen (Tylenol), Advil

Patient's belief of his/her health and illness
Patient tries to manage his condition but often falls victim to unhealthy lifestyle

Present health status (e.g. control of the chronic illness)
Osteoarthritis, combined with the history of torn ACL, limits his mobility, though the symptoms are manageable.

On-going care plan and management goal
Continuing medication, physical therapy

Tailored education in self-management
Education on daily stretching and exercises for osteoarthritis. Self-administered methods taught, such as using hot-water bottle to heat the painful areas.

Personal barriers and support
Unhealthy lifestyle hindering the management and recovery. Support from his daughter emotionally and in terms of helping him get to where he wants to go.